

PLEASE DO NOT STAPLE

**State of Delaware  
Veteran's Organization Grant-in-Aid Application  
FY 2014**

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Name of Veterans Organization \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Federal Employer ID Number \_\_\_\_\_

Name of Service Officer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**Amount requested to furnish services through a duly selected service officer to Delaware veterans of the Armed Forces of the United States, their widows and orphans by providing contact services in Kent, Sussex and New Castle counties:\_\_\_\_\_**

**Amount requested for operational expenses: \_\_\_\_\_**

Are you a new applicant? \_\_\_\_\_

Please return application no later than **November 1, 2012** to:

Office of the Controller General  
P.O. Box 1401  
Dover, Delaware 19903  
**D580A**

**If you have questions about how to complete this form, please contact  
Lori Christiansen, Grant in Aid Coordinator, at 302-744-4200.**

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**Name of Officers.** Please identify in the space below the names and daytime phone numbers of the organization’s officers.

<u>Commander</u>  Name: _____ Daytime Phone #: _____	<u>Secretary</u>  Name: _____ Daytime Phone #: _____
<u>Vice Commander</u>  Name: _____ Daytime Phone #: _____	<u>Treasurer</u>  Name: _____ Daytime Phone #: _____

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## Programming Questionnaire

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*The Delaware Commission on Veterans Affairs has indicated that accredited representatives of the Department of Veterans Affairs and recognized National Service Organizations (Department Service Officers) should provide the following services. Please indicate the services that your organization anticipates providing this coming year:*

\_\_\_\_\_ *Outreach Services to under/unrepresented veteran population groups in geographically diverse locations throughout Delaware to include: site visits, hospital visits and in-home visits.*

\_\_\_\_\_ *Interview, assess and advise veterans and their families in determining eligibility for Federal Title 38, United States Code benefits and entitlement.*

\_\_\_\_\_ *Prepare, present and prosecute all claims before the Federal Department of Veterans Affairs.*

\_\_\_\_\_ *Assess and advise on Medicaid and Medicare eligibility requirements.*

\_\_\_\_\_ *Assess and advise on availability and eligibility requirements for Federal and State nursing home care.*

\_\_\_\_\_ *Provide resources and referrals for transportation to Veteran Medical Facilities and other facilities serving the veteran population.*

\_\_\_\_\_ *Act as a liaison and advocate between the veteran and family to include: dealing with bill disputes, hospital care, Veterans Life insurance, burial awards, etc.*

\_\_\_\_\_ *Provide outreach and representation to homeless veterans.*

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## **Veteran's Organization Agreement**

THE

AGREES:

\_\_\_\_\_  
(Name of Veteran's Organization)

1. To submit funding requests on the forms provided at the times designated and to participate in the allocations review process.
2. To cooperate with other organizations, both voluntary and public, in responding to the needs of the community and in promoting high standards of efficiency and effectiveness.
3. To submit accurate information with this application. NOTE: Any misstatement of facts may forfeit any remaining balance of grants due and/or future grants.
4. This agency will provide the Office of the Controller General with financial information upon request.

This agreement has been read and approved at the meeting of the governing body of this agency.

ON:

\_\_\_\_\_  
(Date)

AGENCY:

BY:

\_\_\_\_\_  
(President or Chairman)

\_\_\_\_\_  
(Service Officer)

DATE:

**Please return this signed agreement with the Grant-in-Aid Application no later than November 1, 2012 to:**

Office of the Controller General  
Attn: Lori Christiansen  
P.O. Box 1401  
Dover, Delaware 19903  
D580A